

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 49

For Official Use Only

Statement covers period

from 01/01/2010

through 03/17/2010

Date of election if applicable:  
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
771066

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

316700 - SSB / sandyb@eichmancpa.com

## Treasurer(s)

NAME OF TREASURER  
J. Richard Eichman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>916-442-2280</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/18/2010 By J. Richard Eichman  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 49

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2010 through 03/17/2010	<b>CALIFORNIA FORM 460</b> Page 3 of 49 I.D. NUMBER 771066
------------------------------------------------------------------	------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$8,670.00	\$8,670.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$8,670.00	\$8,670.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$8,670.00	\$8,670.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$32,314.65	\$32,314.65
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$32,314.65	\$32,314.65
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$615.16)	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$31,699.49	\$32,314.65

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$432,285.77	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$8,670.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$32,314.65	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$408,641.12	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
through 03/17/2010		Page 4 of 49
NAME OF FILER Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians		I.D. Number 771066

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	W.C. Anderson Laguna Beach, CA 92651 Memo Reference: INC26313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sleepy Hollow Medical Group Emergency Physician	\$125.00	\$125.00	
3/11/2010	Todd Bailey Los Olivos, CA 93441 Memo Reference: INC26343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Todd D. Bailey, MD Emergency Physician	\$125.00	\$125.00	
1/11/2010	Jeffrey H. Bass Morgan Hill, CA 95037 Memo Reference: INC26314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey H. Bass, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Paul Strato Batmanis West Hollywood, CA 90069 Memo Reference: INC26308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Strato Batmanis, MD Emergency Physician	\$125.00	\$125.00	
1/11/2010	Marcelina B. Behman Santa Clara, CA 95050 Memo Reference: INC26315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcelina B. Behnam, MD Emergency Physician	\$125.00	\$125.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$8,600.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$70.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$8,670.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
through	03/17/2010	Page <u>5</u> of <u>49</u>






SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number

771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Odelia Braun Redwood City, CA 94062 Memo Reference: INC26316	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Odelia Braun, MD Emergency Physician	\$125.00	\$125.00	
1/11/2010	David R. Brazzel Folsom, CA 95630 Memo Reference: INC26317	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Brazzel, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Gloria 'Gib' Brough-Stevenson Clovis, CA 93611 Memo Reference: INC26307	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clovis Community Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Mark W. Brown Malibu, CA 90265 Memo Reference: INC26318	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark W. Brown, MD Emergency Physician	\$125.00	\$125.00	
3/11/2010	Kirk Burgamy Los Angeles, CA 90066 Memo Reference: INC26354	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kirk Burgamy, MD Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
through	03/17/2010	Page 6 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Stephen Carney Los Angeles, CA 90056 Memo Reference: INC26319	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daniel Freeman Memorial Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	R. Carter Clements Oakland, CA 94618 Memo Reference: INC26340	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alameda County Medical Center Emergency Physician	\$125.00	\$125.00	
3/11/2010	Paul David Santa Barbara, CA 93105 Memo Reference: INC26344	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul David, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Michael D. DeYoung Laguna Beach, CA 92651 Memo Reference: INC26296	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Foothill Presbyterian Hospital Emergency Physician	\$125.00	\$125.00	
2/11/2010	Jeffrey W. Dietz Novato, CA 94949 Memo Reference: INC26305	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2010	James V. Dunford San Diego, CA 92103 Memo Reference: INC26355	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James V. Dunford, MD Emergency Physician	\$125.00	\$125.00	
3/11/2010	Steven B. Ernst Claremont, CA 91711 Memo Reference: INC26356	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven B. Ernst, MD Emergency Physician	\$125.00	\$125.00	
1/11/2010	Jacob J. Fakoory Sierra Madre, CA 91024 Memo Reference: INC26320	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hollywood Presbyterian Medical Center Emergency Physician	\$125.00	\$125.00	
2/11/2010	John L. Fust Watsonville, CA 95076 Memo Reference: INC26291	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dominican Hospital Emergency Physician	\$125.00	\$125.00	
3/11/2010	Bret E. Ginther Fallbrook, CA 92028 Memo Reference: INC26351	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
through	03/17/2010	Page 8 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	John L. Glavinovich Laguna Beach, CA 92651 Memo Reference: INC26321	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John L. Glavinovich, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Stephen P. Gormican Coronado, CA 92118 Memo Reference: INC26306	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stephen P. Gormican, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Michele A. Grad Cardiff by Sea, CA 92007 Memo Reference: INC26309	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
2/11/2010	Thomas L. Gray Visalia, CA 93292 Memo Reference: INC26297	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
2/11/2010	Robert K. Grazier Clovis, CA 93611 Memo Reference: INC26298	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Community Hospital Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
through	03/17/2010	Page 9 of 49






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NAME OF FILER

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I.D. Number

771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2010	Donald J. Greco Fullerton, CA 92831 Memo Reference: INC26347	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Donald J. Greco, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Timothy G. Greco Fullerton, CA 92833 Memo Reference: INC26290	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Jude Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Alan M. Heilpern Los Angeles, CA 90024 Memo Reference: INC26322	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Johns Hospital & Health Center Emergency Physician	\$125.00	\$125.00	
1/11/2010	Gregory L. Higgins Crescent City, CA 95531 Memo Reference: INC26323	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gregory L. Higgins, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	S. Daniel Higgins Rolling Hills, CA 90274 Memo Reference: INC26302	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Francis Medical Center Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

**\*Contributor Codes**

IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 03/17/2010		<b>CALIFORNIA FORM 460</b> Page 10 of 49 I.D. Number 771066

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2010	Donald R. Hoechlin Norco, CA 92860 Memo Reference: INC26352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Donald R. Hoechlin, MD Emergency Physician	\$125.00	\$125.00	
1/11/2010	Tania L. Homonchuk Sacramento, CA 95816 Memo Reference: INC26324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Methodist Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Alan M. Johnson Oakland, CA 94611 Memo Reference: INC26325	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alan M. Johnson, MD Emergency Physician	\$125.00	\$125.00	
3/11/2010	Jay Kaplan San Anselmo, CA 94960 Memo Reference: INC26357	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jay Kaplan, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Earnest W. Kazato Fresno, CA 93710 Memo Reference: INC26310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Earnest W. Kazato, MD Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Jack D. Kennis Yorba Linda, CA 92887 Memo Reference: INC26326	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jack D. Kennis, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Russ J. Kino Santa Monica, CA 90404 Memo Reference: INC26294	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Johns Hospital & Health Center Emergency Physician	\$125.00	\$125.00	
1/11/2010	Alexander Kowblansky Santa Barbara, CA 93110 Memo Reference: INC26327	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Memorial Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Stephen Patrick Krickl Windsor, CA 95492 Memo Reference: INC26328	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stephen Patrick Krickl, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Andrew James Lawson Newport Beach, CA 92660 Memo Reference: INC26303	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Hospital Reg. Med. Center Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2010	David L. Lebell Ventvia, CA 93003 Memo Reference: INC26350	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Memorial Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Wilson Wong Lem San Francisco, CA 94118 Memo Reference: INC26329	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexian Brothers Hospital Emergency Physician	\$125.00	\$125.00	
2/11/2010	Keith E. Loring San Francisco, CA 94114 Memo Reference: INC26311	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
3/11/2010	Mark H. Luoto Ukiah, CA 95482 Memo Reference: INC26346	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ukiah Adventist Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	John H. Lynn Montecito, CA 93108 Memo Reference: INC26330	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John H. Lynn, MD Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee






# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians		I.D. Number 771066

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Robert W. Lyons Sonora, CA 95370 Memo Reference: INC26331	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonora Community Hospital Emergency Physician	\$125.00	\$125.00	
3/11/2010	Daniel L. Meltzer San Diego, CA 92120 Memo Reference: INC26358	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Foundation Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	Kenneth K. Nakamoto Claremont, CA 91711 Memo Reference: INC26332	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
1/11/2010	Elliot S. Nipomnick Kentfield, CA 94904 Memo Reference: INC26333	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Rose Hospital Emergency Physician	\$125.00	\$125.00	
1/11/2010	William D. O'Riordan National City, CA 91950 Memo Reference: INC26334	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paradise Valley Hospital Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2010	
through	03/17/2010	Page 14 of 49






SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number

771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2010	Michael B. Osmundson Granite Bay, CA 95746 Memo Reference: INC26304	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael B. Osmundson, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Cindy C. Parker Corona, CA 92882 Memo Reference: INC26312	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cindy C. Parker, MD Emergency Physician	\$125.00	\$125.00	
3/11/2010	Marco Randazzo San Jose, CA 95135 Memo Reference: INC26359	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marco Randazzo, MD Emergency Physician	\$100.00	\$100.00	
1/11/2010	Charles John Rennie III Los Alamitos, CA 90720 Memo Reference: INC26335	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Alamitos Medical Center Emergency Physician	\$125.00	\$125.00	
3/11/2010	Jeffrey A. Rey Laguna Niguel, CA 92677 Memo Reference: INC26360	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Hospital-Reg Medical Center Emergency Physician	\$125.00	\$125.00	

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 03/17/2010		Page 15 of 49

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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2010	Kenneth L. Robinson Walnut Creek, CA 94595 Memo Reference: INC26299	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Muir Medical Center Emergency Physician	\$125.00	\$125.00	
3/11/2010	Keith J. Rosing Newport Beach, CA 92660 Memo Reference: INC26345	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irvine Medical Center Emergency Physician	\$125.00	\$125.00	
3/11/2010	Mark A. Slomoff San Francisco, CA 94117 Memo Reference: INC26348	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
2/11/2010	Mark E. Song Fullerton, CA 92835 Memo Reference: INC26300	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Jude Medical Center Emergency Physician	\$125.00	\$125.00	
3/11/2010	Richard A. Sonner S. Pasadena, CA 91030 Memo Reference: INC26349	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard A. Sonner, MD Emergency Physician	\$125.00	\$125.00	

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/17/2010	Page 16 of 49

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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Christopher S. Spencer Northridge, CA 91325 Memo Reference: INC26336	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christopher S. Spencer, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Robert G. Spencer Santa Cruz, CA 95060 Memo Reference: INC26289	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Emergency Physicians Emergency Physician	\$125.00	\$125.00	
1/11/2010	Julian Stanley Los Angeles, CA 90033 Memo Reference: INC26337	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	White Memorial Medical Center Emergency Physician	\$125.00	\$125.00	
2/11/2010	Scott R. Stoughton Corona, CA 92882 Memo Reference: INC26288	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scott R. Stoughton, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	David A. Tashman Valley Village, CA 91607 Memo Reference: INC26293	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David A. Tashman, MD Emergency Physician	\$125.00	\$125.00	
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)





Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. Number  
771066

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/11/2010	Carolyn J. Tiernan Bishop, CA 93514 Memo Reference: INC26338	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northern Inyo Hospital Emergency Physician	\$125.00	\$125.00	
3/11/2010	Anna L. Webster Bel Tiburon, CA 94920 Memo Reference: INC26353	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anna L. Webster, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Roger S. Woodard Culver City, CA 90230 Memo Reference: INC26292	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roger S. Woodard, MD Emergency Physician	\$125.00	\$125.00	
2/11/2010	Thomas G. Zimmerman Grass Valley, CA 95945 Memo Reference: INC26295	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sierra Nevada Memorial Hospital Emergency Physician	\$125.00	\$125.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$8,600.00		

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2010  
through 03/17/2010

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NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER

771066

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2010

through 03/17/2010

**CALIFORNIA**  
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I.D. NUMBER

771066

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2010	Payee Name: Dave Jones for Insurance Commissioner 2010 Candidate Name: Dave Jones Insurance Commissioner Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/9/2010	Payee Name: Dave Jones for Insurance Commissioner 2010 Candidate Name: Dave Jones Insurance Commissioner Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2010	Payee Name: Padilla for Senate Candidate Name: Alex Padilla State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$300.00	\$3,900.00	2010P: \$3,900.00 2010G: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$28,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$28,000.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2010

through 03/17/2010

**CALIFORNIA**  
**FORM 460**

Page 22 of 49

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER  
771066

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/16/2010	Payee Name: Padilla for Senate Candidate Name: Alex Padilla State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$3,600.00	\$3,900.00	2010P: \$3,900.00 2010G: \$3,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2010	Payee Name: California 2020 Senator Alex Padilla's Ballot Measure Cttee Candidate Name: California 2020 Ballot Measure Committee Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/18/2010	Payee Name: Skinner for Assembly 2010 Candidate Name: Nancy Skinner State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2010P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/16/2010	Payee Name: Believe in Oakland - Perata for Mayor 2010 Candidate Name: Don Perata Mayor Jurisdiction: City of Oakland	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2010

through 03/17/2010

**CALIFORNIA**  
**FORM 460**

Page 23 of 49

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER  
 771066

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2010	Payee Name: Don Kurth for Assembly 2010 Candidate Name: Don Kurth State Assembly Person District 63 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	2010P: \$3,900.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>					\$28,000.00	

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2010 through 03/17/2010		<b>CALIFORNIA FORM 460</b>  Page 24 of 49
I.D. NUMBER 771066		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Randlett Nelson Madden Sacramento, CA 95814	MTG			\$239.20
J. Richard Eichman Sacramento, CA 95814	PRO			\$670.62
Elena Lopez-Gusman Sacramento, CA 95814	MTG			\$83.14

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$32,314.65
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$32,314.65



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
through 03/17/2010		Page 25 of 49
NAME OF FILER Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians		I.D. NUMBER 771066

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elena Lopez-Gusman Sacramento, CA 95814	MTG			\$40.00
CAL/ACEP Sacramento, CA 95814	MTG		Subvendor: Southwest Airlines, 300 Spirit of Texas Dr., Austin, TX 78719: \$248.82	\$248.82
CAL/ACEP Sacramento, CA 95814	MTG		Subvendor: Southwest Airlines, 300 Spirit of Texas Dr., Austin, TX 78719: \$243.20	\$243.20
CAL/ACEP Sacramento, CA 95814	MTG			\$685.50
CAL/ACEP Sacramento, CA 95814	MTG			\$337.46

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
through 03/17/2010		Page 26 of 49
NAME OF FILER Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians		I.D. NUMBER 771066

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dave Jones for Insurance Commissioner 2010 Sacramento, CA 95814	CTB			\$6,500.00
Committee ID: 1314000				
Dave Jones for Insurance Commissioner 2010 Sacramento, CA 95814	CTB			\$6,500.00
Committee ID: 1314000				
J. Richard Eichman Sacramento, CA 95814	PRO			\$1,104.81
Padilla for Senate Sacramento, CA 95814	CTB			\$300.00
Committee ID: 1292700				
Padilla for Senate Sacramento, CA 95814	CTB			\$3,600.00
Committee ID: 1292700				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2010		
through 03/17/2010		Page 27 of 49
NAME OF FILER Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians		I.D. NUMBER 771066

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California 2020 Senator Alex Padilla's Ballot Measure Cttee Santa Monica, CA 90403	CTB		\$3,900.00
Committee ID: 1305444			
Skinner for Assembly 2010 Sacramento, CA 95814	CTB		\$2,000.00
Committee ID: 1313828			
J. Richard Eichman Sacramento, CA 95814	PRO		\$661.90
Believe in Oakland - Perata for Mayor 2010 Oakland, CA 94611	CTB		\$1,300.00
Committee ID: 1318628			
Don Kurth for Assembly 2010 Sacramento, CA 95814	CTB		\$3,900.00
Committee ID: 1314167			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$32,314.65

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2010  
through 03/17/2010

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER  
771066

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CAL/ACEP Sacramento, CA 95814	MTG Subvendor: Southwest Airlines, 300 Spirit of Texas Dr., Austin, TX 78719: \$248.82	\$248.82	\$0.00	\$248.82	\$0.00
CAL/ACEP Sacramento, CA 95814	MTG Subvendor: Southwest Airlines, 300 Spirit of Texas Dr., Austin, TX 78719: \$243.20	\$243.20	\$0.00	\$243.20	\$0.00
Elena Lopez-Gusman Sacramento, CA 95814	MTG	\$123.14	\$0.00	\$123.14	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$615.16 \$0.00 \$615.16 \$0.00

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$615.16
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$615.16)  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 01/01/2010  
through 03/17/2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER  
771066

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period  
from 01/01/2010  
through 03/17/2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER  
771066

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2010

through 03/17/2010

**CALIFORNIA**  
**FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emergency Medical PAC, Spd by the Amern Col. of Emgy Physicians

I.D. NUMBER

771066

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$ .00

### Schedule I Summary

- Increases to cash of \$100 or more this period..... \$ .00
- Unitemized increases to cash under \$100 this period..... \$ .00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ .00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$ .00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC26337

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26319

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26340

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26294

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26333

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26338

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26292

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26301

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26320

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26295

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26291

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26298

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26290

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26311

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26303

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26348

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26289

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26302

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26299

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26335

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26349

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26352

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26310

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26334

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26305

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26350

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26346

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26300

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26307

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26297

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26360

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26345

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26324

Intermediary: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261

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Memo Reference: INC26327

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Memo Reference: INC26318

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